

# COPING WITH CRISIS

NEWSLETTER NO. 2, 2010

**Special focus  
on Haiti**

**“All of a sudden they  
are back to normal”**

**“What scares me is  
loosing hope”**

**Let the children be seen,  
heard and involved**



# Contents



## **A daunting challenge** 4

Psychosocial support in the largest single country emergency operation ever

By **Hedinn Halldorsson**



## **“All of a sudden they are back to normal”** 7

An interview with psychosocial delegate Ea Akasha

By **Hedinn Halldorsson**



## **Bouncing back to normalcy** 10

A photo essay from Haiti

By **Jerome Grimaud**

## **“Early response makes the difference”** 12

An interview with psychologist Ugur Demirbas

By **Petek Akman**

## **“What scares me is losing hope”** 13

Gaza: Psychosocial support in a chronic emergency

By **Hedinn Halldorsson**



## **Let the children be seen, heard and involved** 16

Children's participation

By **Pernille Terlonge**

Editorial board:  
Nana Wiedemann and Hedinn Halldorsson

Disclaimer:  
The opinions expressed are those of the contributors and not necessarily those of the IFRC Psychosocial Centre.

Cover photo:  
A Haitian child at a new school built by the Danish Red Cross (DRC) in Dufrenoy, Carrefour. The former school was destroyed by the 12 January earthquake. IFRC/Jose Manuel Jimenez.

# Editorial

## Planting seeds

Psychosocial support has been at core in two major Red Cross Red Crescent emergency responses to earthquakes in 2010. On January 12, a 7.0 magnitude earthquake hit Haiti and the following month an even bigger quake struck Chile, measuring 8.0 on the Richter scale. Both earthquakes had devastating consequences. While the death toll in Chile counted hundreds, those who lost their lives in Haiti were more than 200,000. The Red Cross Red Crescent responded within hours to both emergencies.

This issue of Coping with Crisis has a clear focus on Haiti where the earthquake directly affected 3 out of Haiti's 9 million people; where physical and psychological rebuilding will take months and years to come. This Red Cross Red Crescent operation is also the first one ever where psychosocial support is an integrated part of the Movement's responses.

That is why we pose the question which effect did it have and which difference did it make? All actions by the International Federation and its dozens of National Societies, have taken long term effects into account, meaning that both in Haiti and Chile, the capacity of the two National Societies to give psychosocial support, has been strengthened immensely. Hundreds of

volunteers are now in possession of valuable knowledge of psychosocial interventions, techniques, and practices such as psychological first aid. These individuals will continue to support national-level interventions in order to contribute to the mental health improvement of the disaster-affected populations. As the psychosocial delegate Ea Akasha puts it in an interview in this issue of Coping with Crisis, "...we managed to plant a seed".

We also bring you a story on psychosocial support from Gaza, where several National Societies run a project, led by the Palestine Red Crescent. This summer, our brand new film on psychosocial support, A story from Gaza, should be ready for you to watch on our website, [www.ifrc.org/psychosocial](http://www.ifrc.org/psychosocial).

In the film, we invite you on a short journey, to the reality of 1.5 million people, a reality that is hard to imagine for most of us. The film gives a clear picture of psychosocial support in Gaza and why it is needed.

And finally, a fact put forth in a recent report published by an international organization, that children are the most photographed and least listened to of

victims of disasters, captures the problematics of children not being considered in development and humanitarian programs - and if so, then solely as passive victims. If children are half of those affected by emergencies every year, why aren't they involved in the processes that involve their lives and well-being? The piece Let the children be seen, heard and involved, gives reasons to why children should be taken for what they are; active participants and a vast resource. We sincerely hope you enjoy the read. ■

Yours sincerely,



Nana, Wiedemann,  
Head, Psychosocial Centre of the  
International Federation of Red  
Cross Red Crescent Societies



The Psychosocial Centre is on Facebook! Join our online community and get updated on the latest news and events.

Want to contribute? We welcome your ideas, letters and articles...  
Send us an e-mail to: [psychosocial.centre@ifrc.org](mailto:psychosocial.centre@ifrc.org)

To learn more about the Psychosocial Centre and our work, please go to: [WWW.IFRC.ORG/PSYCHOSOCIAL](http://WWW.IFRC.ORG/PSYCHOSOCIAL)



WeAllEdit.com has generously granted us permission to use their online software to translate the magazine seamlessly.

# A daunting challenge

**Haiti - Psychosocial support in the largest single country emergency operation ever**  
By Hedinn Halldorsson, Communications Advisor, IFRC Psychosocial Centre

On 12 January 2010 an earthquake of a magnitude of 7.0 on the Richter scale struck Haiti, killing more than 200,000 and affecting up to 3 million people. 300,000 were injured and 1,000,000 left homeless. The scale of the disaster left even the most experienced relief workers stunned. The Red Cross Red Crescent augmented relief efforts initiated by Haiti Red Cross Society and mobilized its biggest single-country emergency response operation ever. Emergency Response Unit (ERU) deployments included two mobile hospitals that for the first time deployed psychosocial delegates working alongside medical staff, in order to provide an integrated health response.

The earthquake that hit Haiti was not only the biggest natural disaster it had seen in decades, it also affected one of the poorest nations in the world. From the very start, it was clear that providing relief would not be a simple task and

age of 20, and before the quake hit, 80 per cent of the 8.7 million inhabitants, lived in poverty. The Red Cross Red Crescent responded quickly. Within a week, more than 400 Red Cross Red Crescent workers were in Haiti, and many

## Responding to an emergency

Emergency Response Units are generally the first units to be deployed, and that was also the case in Haiti. These are pre-trained teams of specialists and first responders, provided by Red Cross Red Crescent National Societies from all over the world. They are specialized in fields such as relief distribution, logistics, emergency health care, and now, for the first time, psychosocial support. All teams have pre-packed kits of standardized equipment ready for immediate use in emergencies. The psychosocial support component to the Health ERU aims to facilitate support that meets the psychosocial needs of disaster-affected populations, and raises awareness among staff and volunteers about the benefits of providing such assistance as part of emergency response.

## Range of psychosocial services

Two field hospitals offered psychosocial services. The Norwegian and the Canadian Red Cross Societies, deployed its rapid deployment emergency hospital in the centre of the capital Port-au-Prince and four weeks later moved it to Petit Goâve, a town of about 200,000 inhabitants 75 km West of the capital.



Photo: Jacob Dall

that the road to recovery was to be long.

Haiti is the poorest country in the Western hemisphere, ranking 153 out of 177 countries in the UN Human Development Index. Half of the population is under the

more were on their way. Within days, the operation had turned into the largest and most complex in the history of the Red Cross Red Crescent Movement. And psychosocial support was and still is a big part of it.



Photo: German Red Cross

The German and Finnish Red Cross Societies deployed a referral hospital in a stadium in the area of Carrefour in Port-au-Prince. The latter hospital served the camp that was set up next to the stadium and the area of Carrefour in general. In both hospitals, all the most common stress reactions that people experience following intense emotional distress; that is grief, despair, sadness, hopelessness and sense of being overwhelmed, were apparent. The delegates and their volunteer teams therefore had to provide a range of services, including psychological first aid and emotional support for hospitalized children and adults; they took into their care and established a protocol for ensuring protection and continuous care of unaccompanied minors. Other activities included awareness-raising sessions with adults on normal reactions to stress and coping mechanisms and establishment of child-friendly spaces, non-formal schooling, hygiene promotion, tracing and support to Red Cross Red Crescent staff. Dealing with protection issues was another core area of work for the psychosocial delegates, where ensuring care of separated children featured prominently.

### **From emergency to recovery**

As the work moved from emergency phase to recovery, changes in disease patterns were observed, from earthquake related distress to everyday ailments. In this phase, the psychosocial activities started to focus more on communities. It also became evident how psychosocial support quickly became a long-term commitment to the Haitian people.

Contact was established to local mental health professionals and to UNICEF who provided schools kits and tents to allow for around 250 children to attend school for the first time since the earthquake. A number of teachers from the community expressed interest in taking part in the activities, since they had been out of work from the day the quake struck.

Some 80 per cent of educational institutions, that is 4,000 schools, along with the Ministry of Education, collapsed in the quake. In those schools that are still standing and have started running, normal classes have been replaced by a special syllabus based on the distress and disruption the whole population experienced. The syllabus, consisting of psychosocial activities and information about

natural disasters is to help people cope with their stress. The fact alone that an increasing number of Haitian children are able to go back to school is utterly important, since it gives them a feeling of safety and control, and in short, a crucial feeling of a normal, structured life.

### **Volunteers suffer too**

Providing psychosocial support to volunteers was a priority. Delegates in both hospitals took great care of giving professional and personal support, as well as debriefing the volunteers at the end of the day's work. The volunteers worked relentlessly although their own living situation was often just as hopeless as that of the people they were assisting. As is known from other settings, the fact that volunteers become engaged in the response is a healing process for them in itself. The volunteers now all talk of having learnt a lot, and that they feel good having been able to help others.

### **How was the component met?**

Nearly all clinical personnel expressed gratitude for having this extra capacity the psychosocial support team provided, to draw

upon when patients had to be supported. The psychosocial teams were seen to raise the spirit among patients, because of the positive atmosphere they created. Delegates and staff in both hospitals agree that the group of volunteers made a remarkable difference. One delegate working in the operation theatre expressed how having access to this service made “a world of difference” for patients before or after operation. Another shared of how psychosocial support was “a big extra to the care given by the medical team, by helping patients to share what they experienced to ease their healing process and improve their sense of well-being”. It was also described how psychosocial support “was essential to the healing process of patients.” Several Red Cross Red Crescent staff, described watching the children in the tents and the effect it had on them, how they sensed a bit of happiness – something that was not common in Haiti during the aftermath of the earthquake – and how that helped them face their own tasks.

### The work ahead

Six months on from the tragedy,

tens of thousands have been reached and given psychosocial support. Findings of all assessments and reports that have been compiled show that deploying psychosocial delegates as part of Red Cross Red Crescent responses from the very beginning of the operation, has been a success; that it had a broad and positive effect in terms of supporting the emotional and social well-being of beneficiaries. Adding psychosocial support to ERU hospital work seems to have successfully supplemented what was already being done and enabled a holistic approach to the healing process of patients and their relatives.

An enormous task still lies ahead of the Movement, with regards to psychosocial well-being and mental health. Signs that indicate that the crisis has significantly exacerbated already acute vulnerabilities and problems facing many Haitians are apparent. Haiti is currently experiencing a typical impact of a large crisis where hundreds of thousands of lives are lost, communities are separated, social fabric is ruined, basic services disrupted or overwhelmed and informal

protection mechanisms weakened.

A whole society; entire generations are currently rebuilding their lives, having to face a completely changed reality. All have been marked for life, some carry visible scars, but all carry wounds on their souls. Thousands have to rebuild a new identity, having lost a limb, livelihoods or loved ones. Infrastructure has to be reconstructed and an entire society has to adapt to and integrate thousands of disabled people. Psychosocial support is and will remain an urgent need, and the Red Cross Red Crescent is committed to continuing its work.

■

*This article is based on IFRC Updates and reports of psychosocial delegates deployed in Haiti, as well as a Real-time evaluation of the ERU Psychosocial support component deployment to Haiti earthquake 2010, written by Lene Christensen, former technical advisor of the IFRC Psychosocial Centre.*

UNICEF Field diary and VIDEO:  
[http://www.unicef.org/infobycountry/haiti\\_53025.html](http://www.unicef.org/infobycountry/haiti_53025.html)

The Psychosocial Support Component is an optional and additional component to the Health ERU. It was developed in 2008 by the IFRC Psychosocial Centre with the support of Norwegian Red Cross. The component consists of kits with sports items, and toys and games for children. The kits also contain material for workshops and educational and communication materials, i.e. brochures and hand-outs about normal reactions to abnormal events, psychological first aid and the stress that humanitarian workers may be exposed to. For more information, visit [www.ifrc.org/psychosocial](http://www.ifrc.org/psychosocial)



Photo: Jacob Dall



Photo: Jacob Dall

## “All of a sudden they are back to normal”

**Haiti - An interview with psychosocial delegate Ea Akasha**  
By Hedinn Halldorsson, Communications Advisor, IFRC Psychosocial Centre

“What we did was to try to restore normalcy. Restoring daily life helps survivors back upon their feet,” says Ea Suzanne Akasha, a psychosocial Red Cross Red Crescent delegate, that arrived in Haiti a week after the earthquake hit, to work in a Norwegian/Canadian Emergency Response Unit Field hospital in the capital Port-au-Prince. This was Ea’s second mission; her first was in Myanmar in 2008, in the midst of the aftermath of cyclone Nargis. Along with another psychosocial delegate and more than 20 Haitian psychosocial volunteers, Ea’s team managed to assist and care for hundreds of people every day. “I am confident that we managed to plant a seed”, says Ea.

“When I arrived, the hospital was flooded with patients. Most buildings were crumbled, totally disintegrated, so most of the treatment carried out took place outside in the open. There were tents coming up every day for treatments, wards, operational theatres. Although it seemed chaotic in the beginning, everything was very organized within the ERU”.

**When one finds himself in the aftermath of a disaster on that scale, what is the first thing a delegate working on PSP in the Health ERU does?**

“I immediately got briefed by my colleague, Karine Giroux from the Canadian Red Cross, who had set up a structure for our work. And an hour after I arrived I was conducting a

meeting with our 22 volunteers. I was simply thrown into it. And from there we just kept on. You do get a grasp of the situation, find out what to do and how to intervene and from there you go on working.

**How long did you stay and how did your work change from day one to the day you left?**

“I spent five weeks in Haiti; the first three weeks was the intense period right after the disaster. Then the transition phase started, which we had already prepared and made plans for how to proceed. Our ERU field hospital was for instance to move to another location out of the capital, to Petit Goave, a town of 200.000 people. In Petit Goave there was an abandoned

hospital and a population in need of treatment and medical attention. I only spent a day there to try to help them with the move. When I left other delegates took over”.

**Is there a typical day when you are a psychosocial support delegate in a sudden emergency?**

“Everyday is different. And even though a day seemed straight forward, you always had unforeseen tasks. We get up at 6, eat a quick breakfast, check e-mails, plan the day and discuss different interventions. We ask ourselves if there is anything special we need to pay attention to, what to present at staff meetings, what to report and which cluster meetings to attend. The Psychosocial

Support Component Kit has lots of toys for plays such as ball games but in Haiti we had amputees and very few children that could actually move, and the majority was immobilized. That demanded different approaches. At 9 am we would have the first meeting of the day with our volunteers. We put a lot of effort into supporting them and we also had them on a very close rein. We showed interest for how they were feeling, instructed them in what we were going to do for that day, discussed different interventions with different groups. Then all the

was just aside, so there you would have women in labour, screaming”.

**How was it working with the volunteers, you have already told me how engaged they were although they all suffered severe loss themselves and all but one had lost their homes?**

“We had 22 volunteers. The local branch sent 10 volunteers, all medical students, and 12 were recruited on the spot. In the beginning I was worried about how one recruited volunteers and that it would take time, but when you walk around in your vest with

was really desperate because of some misunderstanding with a colleague. For the first time in a disaster The International Federation had someone that you could just approach and talk to and get some support. And that’s what I did, just walked in and said: “I’m beat”, and started crying. She was wonderful, it took 15 minutes and she offered psychological first aid; just listened and showed some understanding. Most of the time I felt, what many delegates feel during missions, you perform at your peak. I was totally confident and it felt natural. It’s strange but everyday you have to manage a situation you have never been confronted with before and you feel totally competent. An example is when we were going in a camp with 30.000 people. It was overwhelming. At some point I said: “Well, this is where we will put up a tent”. We found some cardboard and markers, wrote Psychosocial support, and put the cardboards up, and within 10 minutes it was crowded with people. That morning we spoke to around 100 people”.

**Which feedback did you get from colleagues on the psychosocial support component to the Health ERU?**

“Everybody was so appreciative, and many asked why this hadn’t been a part of the field hospital before. Whenever the clinical staff had a patient they did not have time for but needed attention, we would have a volunteer that could be assigned. Although they were very caring and good at their jobs, they are trained as nurses and doctors. We, on the other hand, always come and give attention to one person, sit down and talk. The Psychosocial support component comes with pens, notebooks and toys, so you could easily engage children and adults. And by playing you get children back to normal. Just imagine having all these patients, hundreds of immobilized children and grief struck parents, and you can see the shift from them lying passively in their beds, to them playing, drawing, and expressing themselves. All of a sudden, you see that they are back to normal. That’s amazing”.

**What was your toughest task? And is there a difference between personal and professional challenges?**

“My toughest tasks were interviewing unaccompanied minors. You had to interview, perhaps a child



Photo: Jacob Dall

volunteers went to the wards. During the morning I walked around to see how they were doing and to assist them. It was moving witnessing what the people were going through. Often the relatives of abandoned children were without all means, and how were they going to cope with one more child? At lunchtime we had a meeting with all the volunteers again, to hear if there was anything that needed to be adjusted or if anyone had encountered difficulties. In the afternoon we would work again, and then had debriefings with volunteers and Red Cross Red Crescent staff, and gathered statistics to get an overview of how many people we had reached that day. Very often a journalist would come; people would approach us, because everyone had learned that we were the ones who knew about ICRC tracing services. The rest of the day would be spent on meetings with other delegates, staff from other aid organizations, writing reports and then early to bed! You often woke up during the night because the tent where women were giving birth

the emblems, everyone will come to you and ask you for a job. And those that approach you will be medicine, sociology, or psychology students, all very capable of doing the job. Our volunteers were highly motivated and at the same time in process of grieving, that’s something you have to be aware of, that they would like to help, but they have also lost everything. So on one hand you work with people that want to offer support and on the other hand people that have lost their future, homes, friends, relatives. That’s why they need your undivided attention if you are to succeed. And then you need to get skilled volunteers onboard”.

**Who takes care of the psychosocial delegates? One must feel drained when listening all day long and giving support to others?**

“Well, we had one another. On a personal level, I had a blog or a diary that I kept for the Danish Red Cross to publish on their web site. That was one way to process what I had witnessed during the day. One day I

of 7, in a very clear and non-sentimental way, to establish if it wished to go to an orphanage since both its parents were dead. Many children came from the slums and had no idea how old they were, their family name or where they'd lived. Often the volunteers could tell where they came from judging by the way they spoke. In some cases the child would say that it wanted to go to an orphanage because it wanted to go to school". That was heartbreaking. Some of the children were amputees and when you talked to them what they had used to like most was playing football. My role was to stay professional, I had to enable the children to cope, and then move on. And to strike the balance could be difficult. At the same time, lots of things were going on around us so

you I had to create some intimacy, with a respectful distance. That was tough because the situation of these children really touches you".

**What kind of feeling does it give you when you have 30 minutes with each child, and you know you have to move on to the next? Does one feel like he/she succeeded?**

"It was actually quite amazing how such short interventions, just to witness and share the tremendous loss, made a difference. And everyone was so grateful. Of course interventions could take longer time with some. When we met with beneficiaries, it was often the first time somebody listened to their story. And being listened to helped many realize what

had happened. What we do when providing psychosocial support is also telling people that their reactions are normal in abnormal situations. We psycho-educate people, that is, you give them information about their reactions, what they can expect and for how long time that could go on as well as how it will diminish. Before leaving, we had a closing ceremony with the volunteers and they all expressed that they wanted to go on putting the knowledge they had gained into practice. I am of the opinion that each interaction was meaningful. Of course one can always perform better but I don't feel like there is anything left unfinished. I am proud of what Red Cross delegates and volunteers accomplished". ■



## Joe's story

**As the world followed emergency operation in Haiti from the media and the hope of finding people alive dwindled, one of the stories of the Haitian's suffering that touched people the world over was Joe's story.**

Photo: Norwegian Red Cross/Olav Saltbones

"When I arrived, one of the first people I met in the field hospital was Joe. All around me, amputees or people waiting to be operated, were lying on the ground. And in the middle of all this chaos, there was Joe". This is how Ea Akasha describes their first encounter. "Joe was a little cross-eyed boy that had been brought to the hospital in bad state. No one knew his exact age but we assumed he was 4 years old. We did not know where he had come from, if he had been orphaned, or if he had spent days in the ruins. He wasn't hurt, but it was simply impossible to reach him, he didn't talk, eat or drink. He just wanted to sleep. I wasn't sure if he was still severely distressed after the earthquake or mentally challenged. And to be honest, I was afraid that we would never reach him".

Magelie St. Simon, a Haitian psychosocial support volunteer, was assigned to Joe, and some process was made. To start with, Joe did not communicate directly with Ea and Magelie, but only through drawing and speaking to a teddy bear. "At some point, Joe grabbed Magelie's mobile phone and conducted a conversation", Ea explains. "When asked who he'd spoken to, the answer was that he'd spoken to his mom and that she wouldn't be coming back. That he didn't have to bother to look, that she was dead. - After some time Joe was submitted to an orphanage. I, Magelie and an Israeli paramedic got to say goodbye to him, and Joe waved back".

# Bouncing back to normalcy

A photo essay from Haiti

Photos and text by **Jerome Grimaud**, psychosocial delegate



## Psychosocial support activities for children

A tent was set up in order to implement activities for children of patients as well as children from nearby refugee camps. Activities included drawing sessions, singing, dancing, sports, and cooperative games as well as the promotion of hygiene. Volunteers were encouraged to articulate their daily programmes around popular activities from local culture and tradition. Particular attention was paid to providing support and protection to isolated children with the support of the tracing unit of the Haitian Red Cross, the ICRC and the Institute of Social Welfare.



## Support to patients in the wards

The psychosocial volunteers visited and provided psychosocial support to adult and children patients on a daily basis. Children involved in the activities also gathered and sang for patients. In the absence of a morgue and governmental services, support was provided to grieving families and a tent was set up in the hospital in order to allow families to carry out mourning processes and rituals with deceased loved ones.



### Caring for the carers

Haitian Red Cross volunteers were trained to give psychosocial support first aid and then received daily technical guidance. Although volunteers were perceived primarily as helpers, they were affected by the earthquake just as much as the entire population. Their daily work with the population in need was demanding on both a physical and emotional level. Therefore, a support group for volunteers was set up in the very early stages of the deployment. Group and personal supervision is also offered and facilitated by a Haitian psychologist.



### The school

Psychosocial support programmes aim at supporting the affected population in regaining a sense of security and normality after a crisis. For children, being able to go back to school is a structuring and securing event. In cooperation with UNICEF, that provided the tent and the school kits, the Haitian Red Cross volunteers reopened one of the first schools in Haiti after the earthquake. In class, the focus was on psycho-education more than formal education, thus allowing children to express their feelings and to strengthen peer support. The facilitators that volunteered had a background in education and teaching. Furthermore, they were also trained to identify children with special needs.

### Psychosocial support activities for adults

In the waiting tent of the field hospital sensitisation sessions were carried out twice a day in order to raise awareness of possible effects of the earthquake on people's wellbeing, including effects of stress as well as means to coping with it. Simple and clear messages had very positive outcomes: for instance allowed people to realize that fear, withdrawal, sleep and eating disorders, were normal reactions. People also realised that they were not alone and that they could support one another. A referral system, involving a Haitian psychologist and a psychiatrist, was in place for people with special needs.

# “Early response makes the difference”

Haiti - Psychosocial responses to the earthquake in Haiti.

Interview by Petek Akman, Social Psychologist, Turkish Red Crescent

The Turkish Red Crescent relief team reached Port-au-Prince three days after the earthquake and joined what was to become one of the biggest relief operations in the history of the Red Cross Red Crescent. Ugur Demirbas, an experienced psychologist, was among those giving support to survivors. In the following interview, he talks about the psychosocial interventions of the Turkish Red Crescent's response activities as well as the importance of giving psychosocial support in the acute phase.

**What were your first impressions?**

“We arrived in Port-au-Prince on the third day of the earthquake. It was dreadful. The whole city was devastated by the earthquake and there was total chaos. People were wandering around or simply waiting in the streets. They didn't have anywhere to go and they were in shock. So many people lost their lives and it was a major challenge to collect dead bodies. It took several days to bury the dead in mass graves. Although

**What kind of psychosocial activities did you carry out?**

“Turkish Red Crescent set up a tent camp in Tabarre, providing shelter to more than a thousand people with 166 family tents. In this camp, a tent was set up to conduct psychosocial activities. We periodically organized activities such as painting, drama and structured games for children. Besides tent activities, football and basketball matches were organized to allow not

How were the Haitians coping with psychological effects of the earthquake?

“The Haitian people are very religious so rituals played an important role in the coping and recovery process. Going to church and singing hymns together with others seemed to help people cope with their loss and their new living conditions.”

**Did you observe any cultural differences in coping?**

“I had imagined that organizing proper funerals for loved ones would be important for the well-being of the survivors. In Haiti however, most people could not give funerals since they were costly, and then again, many of the deceased were still caught in the city's ruins. That was new to me. In that case, cultural rituals had to be somehow adapted.”

**What affected you most?**

“There were so many incidents that I will never forget. The first days were really difficult. But seeing children who lost their parents in the earthquake probably affected me most; children sitting in the debris not knowing what to do or where to go. There was this boy that I saw playing with a car that he'd made from a plastic bottle. I handed him a toy, a truck, and I don't think I'll ever forget his smile and how that made me feel.”

**What have you brought back with you? What have you learned?**

“Once again, I realized the importance of psychosocial activities in the acute period; it is the early response that makes the difference. It was great to be with disaster survivors during a time that they needed support the most and needed to feel that they were not alone. I also learned that not only knowledge but experience enables you to provide the most effective support.” ■



Photo: Turkish Red Crescent/ Ayberk Yurtsever

the security situation remained unstable in the wake of disaster, the Turkish Red Crescent, by taking the risk into account, commenced relief and psychosocial activities in close coordination with relevant clusters.”

**As a team, what did you do first?**

“As food and water were the most urgent necessities, we started distributing food supplies that we had brought from the Dominican Republic. The Turkish Red Crescent relief team continued distributing relief materials on regular basis. Psychosocial personnel visited field hospitals, provided psychological first aid to the wounded and special attention was given to psychosocial needs of children. We contacted IFRC and Haiti Red Cross to organize activities.”

only children but also adolescents and adults to be more active. We also organized a kite activity for children and played outdoor games.”

**What was your approach in planning the psychosocial intervention?**

“We designed the intervention accordingly with the needs assessment conducted in the first days and determined vulnerable groups such as children and disabled in order to meet their psychosocial needs. In response activities, special emphasis was given to community mobilization. It was important to involve the residents in camp management, so a tent camp steering committee was created. Cleaning and security teams were established to enable division of labor and community participation.”



Photo: IFRC Psychosocial Centre/Hedinn Halldorsson

# “What scares me is loosing hope”

## Gaza - Psychosocial support in a chronic emergency

By Hedinn Halldorsson, Communications Advisor, IFRC Psychosocial Centre

“The crisis is not over”, says Despina Constandinides, a psychologist working for the Palestine Red Crescent Society in the West Bank, in the sense that once a distressing event has passed, only then can symptoms and consequences be dealt with. And in Gaza, the crisis is ongoing. “Basic needs are still not being met and the sense of normality keeps being postponed”, Despina states. The Red Cross Red Crescent is working with the people of Gaza, addressing symptoms of distress and the consequences of war on mental health. As Despina speaks, she poses herself a question that she admits not having an answer to, namely what the effect of such a prolonged crisis has on people.

What we do know is that living with conflict, the constant fear of war breaking out and experiencing death at first hand, has a serious psychosocial impact. In Gaza in the occupied Palestinian Territory, the impact is doubled due to a closure that strictly limits all transport of goods and people in and out of Gaza. This is the setting the Red Cross Red Crescent works within, with the aim of giving psychosocial support.

### Life comes to a grinding halt

The main challenges people are still facing, after nearly two years have passed since the last Israeli military operation, in Gaza in December 2008 and January 2009, are related to their daily lives. With very limited access to construction material and with only a minimum of basic commodities entering the strip via Israel,

people are hindered in rebuilding their lives, they have come to a grinding halt. “People are living in a state of a limbo, not really knowing what the future will bring”, as Zara Sejberg, a psychosocial delegate puts it. “It is really a struggle to have a positive impact on people’s psychosocial wellbeing when their living conditions remain so dire”.

The aim of the project implemented by the Palestine Red Crescent Society and supported by the French, Danish, Italian and Icelandic Red Cross Societies, is twofold. One, is to support staff and volunteers of the Palestine Red Crescent Society who responded to the conflict, and second; to offer psychosocial support to children and their parents who suffered through the conflict. The psychosocial programme initially started in the West Bank and Gaza strip in 2005 but now services have been extended. Beneficiaries

are counted in tens of thousands. Psychosocial services can help to prevent further deterioration and development of mental illnesses. The psychosocial services in Gaza aim to alleviate the emotional pain which the vast majority of those affected by the recent war are struggling to cope with. The 10-15 per cent of the population who has clear symptoms of trauma - as is common in most crises - is referred to specialists.

### The mothers

A session with a group of mothers in a Palestine Red Crescent Psychosocial Centre in Gaza City has just started. This is one of the rare occasions these women can allow themselves to be something else other than mothers and wives. “I came to the Red Crescent Centre to get psychological guidance”, says Fawzia Barakat. She then tells me how she has

learned to interact with her children and husband in a more constructive way and how they tackle their problems by addressing them and talking them through. The purpose of the session is to give the women hope, empower them and their community and teach them to seek support from each other. One of the women, Sabah al-Mughrabi refers

of one of the participants” says Abrar Abu Mgeseeb who facilitates the mother’s session. She explains to me how she tries to get the women to help themselves. “I don’t impose, my job is only to support”, says Abrar. She tells me how surprised she was to find out that the majority had been subjected to violence by their husbands, one of the many consequences of the

and manage. If Abrar, and the rest of the psychosocial team of the Palestine Red Crescent Society, have reached their aims, the women’s outlook on the future is a bit more positive than when they entered an hour ago.

### The fathers

Fears and worries of women and men may differ, due to social structures and different gender roles in society. It is a generally known fact that to involve men in psychosocial programs is one of the toughest tasks, since many societies expect them to be the protectors of families. “Unemployment for a man means that he is not the man in his house. If he cannot provide for his wife and children, he is not a man”, Mousa Ahmad Domadaa, one of the family fathers attending a group session, explains. Nidal Weshah who facilitates the group, describes the effects of unemployment with terms such as grief, sadness, anger and hopelessness. The culture of not wanting to speak about their frustration and not wanting to appear weak is just as strong in Gaza as it is among men in many other societies. Despite it all, Nidal and his colleagues in the psychosocial team have been successful. “Although the men were sceptical at first, they felt a change”, Nidal explains. He tells of how the men felt the benefits after having been to only one session, and then kept on coming. Most children in Gaza grow up watching their parents being unemployed, struggling to hold on to their dignity as they are being denied basic rights and necessities. “When I talk about dignity, I always wonder what children think about their fathers”, Despina the psychologist says. “Fathers in Gaza are supposed to be role models, the ones providing children with security and basic needs. So what happens when these fathers are humiliated, their houses evacuated, and they stand helpless and unable to protect?”.

### The children

Activities with children form the bulk of all psychosocial activities carried out by the Red Cross Red Crescent Societies in Gaza. Growing up with physical insecurity, not having a normal routine and rarely feeling safe is particularly detrimental to children’s health. The environment most of the children of Gaza live in is considerably aggressive, and most have been exposed to or witnessed violence in one way or another. For children, in order to restore their sense of daily life, it is utterly important being able to go back

Photos: IFRC Psychosocial Centre/Hedinn Halldorsson



to the sessions as some sort of mental recreation, “...Where we can talk about the things we witnessed during the war”. One can only imagine how it is to live with having witnessed all that death and destruction. “Do you see the house there?” Sahar al-Raei asks me. We are standing outside the Palestine Red Crescent Centre in Gaza City. She points towards nearby

economic, political and social hardship. The men of Gaza, are brought up to be breadwinners and sometimes they take out their frustration on their family members, spouses, and/or children. The women are therefore taught methods on how to protect themselves from domestic violence. It is also a horrible fact that an increase in sexual abuse against children,



ruins, a couple of meters from where we are standing. “I fear that my house will end up like it one day”. Apparently none of her neighbors survived when the house was bombed. “In one apartment there was a family of 9 people and only one of them survived”. Most of the women seem to live in constant fear that the current situation is temporary and that the conflict will resume.

### A supportive role

“I only take the lead, through a story

goes hand in hand with unemployment rates on the rise, and the strong sense of hopelessness and frustration. It is admirable how Abrar manages to steer the conversation and how constructive it is. Everyone is expected to share their opinions and everyone gets space to express their feelings. The session is, in many ways, a retreat for the women and one can sense the intimacy. Nevertheless, when they leave the Gaza Psychosocial Centre, a harsh reality awaits them. However this time, they are equipped with tools to cope



Photo: IFRC Psychosocial Centre/Hedinn Halldorsson

to school. And sitting in a classroom that has been directly hit during conflict, with bullet holes in the walls, is just an example of how omni-present the conflict and its consequences are.

As we watch a group of children play football on the beach in Gaza city, Zara the delegate explains that although the children seem fine, however if one only scratches under the surface they have some serious problems, having been through experiences no children should ever have to go through. “And these problems need to be processed. At the end of the day, this is something that has hit them hard”, says Zara. In the afternoon, Fatima tells me about the state of her children and how they are feeling. “Whenever they hear a chair being moved across the floor or a plane passing, they become terrified and run to me”. Fatima and her family share a tent with several other families in Zaytoun. Their house was demolished in the military action in December 2008/January 2009. She tells me that she is overwhelmed by grief, “... grieving for her lost life”, is how she puts it. “We are mentally exhausted; no one knows what to think”.

Under the project, led by the Palestine Red Crescent, the children get help to process the effects of war. Some of the workshops teach the children to be more aware of their feelings, to recognize what they feel and why. The effect on the children attending sessions is clear. Children that initially did not participate or respond, perhaps were shy and introvert, start to open up, talk and interact. “Their playfulness is revived and that is the first sign of hope”, Zara explains.

### Nurturing hope

Measuring results, is a recurring problem of psychosocial programs. In Gaza, however, there are several signs of improved well-being. The mother’s talk of having fewer clashes with their husbands and children, and the fathers feel better and stronger, and sense the feeling of belonging to a group instead of having to fight alone and appear strong under all circumstances. Most parents feel relieved and are simply grateful that someone took the time to listen. Staff and volunteers are handling stress better, and equipped to process the effects of war. If there is anything the psychosocial project

in Gaza has shown is that people under severe stress, are incredibly resilient, and only providing them with basic psychosocial services helps them bounce back, sooner than most would have expected. In fact, what keeps someone like the psychosocial delegate Zara going is simply seeing how incredibly resilient people are, in the face of enormous hardship. Another lesson learnt is that helping the helpers is vital. Most of the time, they are dealing with the same issues as the very people they are supporting.

“What scares me is losing hope”, Despina the psychologist admits, “... because hope is what you provide people with to keep them going. So what if you don’t have that resilience forever?” Her words stress the importance of continuing the psychosocial work in Gaza as long as the emergency continues. ■

*There are currently 4 Red Cross Red Crescent Psychosocial Centres up and running in Gaza, with 20 staff and 25 volunteers all providing psychosocial support.*



Photo: Haiti/IFRC/Jose Manuel Jimenez

# Let the children be seen, heard and involved

## Children's participation

By Pernille Terlonge, Phd Fellow at Department of Psychology University of Copenhagen

Children are the most photographed and least listened to victims of disasters", is the opening line in the foreword of a report by Plan International, 'After the cameras have gone. Children in Disasters' (9). The report highlights how images of suffering children are used in fundraising proposals and reports to woo the hearts, and pockets, of donors in the humanitarian world. Yet, children are rarely involved as competent participants in deciding how the raised funds should be used. Instead, children are typically regarded as passive victims in disasters, for whom we assess needs, plan appropriate responses, implement interventions and activities, and assess if the interventions are having the desired impact.

It is rare that any of these important components of responding to children's needs are actually done with the children. By not giving children the opportunity to participate in making decisions about the issues that concern them, we not only rob them of fundamental human rights, but also enhance their status of being socially excluded. Ironic, since most of us working in the humanitarian world are strong proponents of rights-based approaches that pay particular attention to the marginalized groups.

The discussion in this article raises awareness of how children, although vulnerable, are resourceful and active local capacity. It highlights the benefits of involving them as participants in the

processes and activities that influence their lives and wellbeing.

### Children and disasters

It is estimated that at least half of all the people affected by emergency situations are children (12). Projections based on existing trends suggest that up to 175 million children are likely to be affected every year merely by the kinds of natural disasters brought about by climate change, including extreme weather events and more slow moving disasters such as desertification and rising sea levels (13). Climate change is currently recognised as the single greatest threat to the world's children, increasing their exposure to hunger, disease, displacement, poverty and

war (1,5,11,16). Research on the impact of climate change on the physical and psychological wellbeing of children shows links to increased rates of child morbidity and mortality, malnutrition, poverty, as well as reduced child equality, protection and school attendance (2,12,14). Additional to the challenges to natural disasters, there is an estimated 1 billion children living in countries affected by armed conflict – some face armed conflict and the impact of natural disasters at the same time (15).

### Children are vulnerable

There is no disputing that children are, indeed, a vulnerable population, even before a disaster hits. Their

dependence on others for mere survival in the first few years, followed by at least another 15-18 years of physical and psychological development renders them in need of guidance and protection until they mature to adulthood. Their smaller physical size and strength coupled with lower power status; socially, economically, politically and legally, puts them at high risks for violence, abuse, exploitation, discrimination and neglect. These risks are nearly always amplified in crises and disaster situations, especially if children are separated from their usual 'circles of protection' such as parents, family members or other caregivers.

### Children's rights

Recognizing children's vulnerabilities led to the development and ratification of the unique and specific set of human rights for children: the Convention of the Rights of the Child (CRC) in 1989. However, as countries worldwide struggle to fulfill human rights, children's rights suffer the same fate (15). The right of particular relevance in this discussion is stated in Article 12: "States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child." In other words, children and young people have the right to freedom of expression, to have their opinions taken into account when decisions are being made about them, to information and to participate in public life.

This Article is one of the guiding principles of the Convention

of the Rights of the Child. Despite this, most children are not involved or even consulted when decisions are made that concern them. The most common reason for this is the conception of children as 'human becomings' (10), referring to their process of development. This concept of children assumes that whilst they are still



Photo: Haiti/Jacob Dall

developing, they do not have the ability or capability to make valuable contributions to decision-making processes that have traditionally been undertaken solely by adults. In some contexts this still extends to the practice of children 'being seen and not heard'.

### Lessons learned on children's participation

When a disaster happens, it is typical that coordination mechanisms divide affected areas up into geographic segments and give different

response organizations different areas to work in. This means that Red Cross Red Crescent National Societies typically work in one area, whilst Save the Children, or World Vision, work in another. Needless to say, each organization has its own way of working and approaching the tasks at hand. While child-focused

organizations have increased their focus and efforts to engage children as participants in community programs and activities in the past 20 years, this practice has yet to spread significantly to other organizations. Although children may be consulted, it is still rare practice to prioritize children's participation in all activities that affects them, such as assessing needs, program planning, implementation of interventions, monitoring and evaluation and finally advocacy to influence policy and practice.

Through the work of child-focused organizations that do enable children's participation, such as Save the Children, Plan International and UNICEF, many useful lessons have been learnt which should be included in considerations of enabling children's participation.

### Children are resourceful

Children are often very aware of what is going on in their community and can be especially helpful in identifying other children or adults who may be in need of special assistance. Examples of children's participation in disaster preparedness activities show that children are both effective communicators of risk and drivers of change in their communities (3).

### Children's active role in daily life

To prevent any misunderstanding, it should be clarified that the participation advocated for in this article, is participation in the processes and activities that lead to the making of decisions that impact the lives of children, and particularly in the humanitarian field of disaster response and preparedness, and community development. Facts are that children do participate in family and community life all the time, and it is not the author's intention to belittle or negate the contributions made or the roles children play in daily life activities. In many families, especially in poorer and disadvantaged communities, children are secondary or even primary breadwinners; care for their siblings; fetch water and so on. However, this active role in the daily life and the community does not necessarily give the children a voice in decisions made that directly affect them.



Children have a common language and share things with each other that we, the adults, are not privy to. Involving children in assessing needs can give access to information that we would otherwise miss. Finally, children often come up with new ideas for addressing problems that are consistent with their way of operating in the world.

### **Participation strengthens resilience and self-worth**

By participating in disaster risk preparedness and recovery activities, children gain a sense of power and security, feeling that they can both help others, and protect themselves (8). Participating in all the different aspects of programming helps to improve children's sharing, debating, listening, decision-making, planning, negotiating and problem-solving skills. Children's participation have also shown to improve communication and relationships within families, as well as improving self-confidence, acquisition

of life skills, social development and performance in schooling (4).

### **Participation and protection**

Children's participation has shown to empower children with knowledge and confidence to prevent incidences of abuse, and through improved communication with adults, raised awareness of and action to address protection issues (4). However, since children's participation is not a common practice in most societies it does hold with it a risk of challenging power relations between adults and children. Such risks have to be scrutinized carefully before encouraging children's participation, to prevent any negative consequences for the children as a result of their participation.

### **Sustainability**

Involving children as active participants from an early age is, simply put, the best community investment that can be made. It

encourages community responsibility and resilience, both of the adults of today and of the future.

### **Children are not adults**

Giving children the opportunity to participate in processes of decision-making and in activities that concern them and their wellbeing should not be misinterpreted as expecting or encouraging children to take over the responsibilities of adults or to be like adults. The adults in the lives of the concerned children; parents, caregivers, teachers and program staff, continue to have responsibility for the children, including ensuring that children's participation is a positive and beneficial experience.

This extends to methods of enabling children's participation. It is not realistic to expect children, especially younger children, to engage in the same form of communication or negotiating as adults do. Thus, methods of children's participation



Photo: Haiti/Jerome Grimaud

have to consider the abilities of the targeted children, and ensure that they are given age-, gender- and culturally-appropriate platforms for investigation and expression. Examples of different ways children have been given the opportunity to express themselves have been through art, drama, music, photography, videotaping, role-playing, mapping, dialogue and discussions.

### Prioritizing children's participation

Choosing that children are a valuable and worthwhile population group to involve as full participants in preparing for or responding to a disaster, or in community development programs, calls for adequate budgeting and time planning. It takes time, money and human resources to firstly assess how best to work with the children in a community, how to avoid negative repercussions of children's participation, to actually involve the children, and to ensure that the adults in the children's lives are in agreement and support the initiative. However, choosing not to do it could be a missed opportunity for very important and resourceful local capacity.

### Children's participation and the

### RCRC Movement

Although most, if not all, Red Cross Red Crescent National Societies target children with interventions and activities in disaster response or preparedness programs, it is not yet common practice within the Red Cross Red Crescent Movement to prioritise children's participation. Yet, the Red Cross Red Crescent National Societies are particularly well-positioned to facilitate children's active participation. The Fundamental Principle of volunteerism automatically roots the work of National Societies at community-level, enabling viable opportunities for working with both adults and children. Additionally, most National Societies already have a youth sector of volunteers with motivated young people who work with peers or younger children. These existing structures lay fertile groundwork for encouraging active participation of children, not only in activities planned for them, but in planning activities with them (4). ■

*Children's participation in disaster risk reduction is advocated for in the IFRC World Disasters Report, 2009. See page 70, Box 3.1 Disaster risk reduction: listening to the voices of children.*

## References

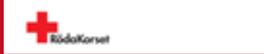
1. Ban, Ki-Moon. A climate culprit in Darfur. Washington Post. 16 June 2007.
2. Bartlett, S. (2008). The Implications of Climate Change for Children in Lower-Income Countries. *Children, Youth and Environments* 18(1): 71-98.
3. Children in a Changing Climate. 2008. A right to participate: Securing children's role in climate change adaptation.
4. Hart, J., Newman, J., Ackermann, L. & Feeny, T. (2004). Children changing their world. Understanding and evaluation children's participation in development. Plan Ltd. and Plan International
5. Hendrix, Cullen. (2005). Trends and Triggers: Climate Change and Civil Conflict in Sub-Saharan Africa. Paper presented at the annual meeting of the American Political Science Association, Marriott Wardman Park, Omni Shoreham, Washington Hilton, Washington, DC, Sep 01, 2005 [http://www.allacademic.com/meta/p42162\\_index.html](http://www.allacademic.com/meta/p42162_index.html)
6. IFRC (2009) World Disasters Report.
7. IRIN. (2009). Africa: Climate change and conflicts. 23 February 2009. Available at <http://www.irinnews.org/report.aspx?ReportId=83096>
8. Markenson, D. & Reynolds, S. (2006) Mental Health Vulnerabilities and Development of Resiliency. In the *American Academy of Pediatrics Journal*, 117 (2).
9. Plan International (2005) After the Cameras Have Gone. Children in Disasters. Editor A. Jabry. 2nd. Edition.
10. Qvortrup, J., Bardy, M., Sgritta, G. & Wintersberger, H. (Eds.) (1994) Childhood matters. Social theory, practice and politics. Aldershot.
11. Salehyan, I., (2007). The new myth about climate change. In *Foreign Policy*. Available at [http://www.foreignpolicy.com/story/cms.php?story\\_id=3922](http://www.foreignpolicy.com/story/cms.php?story_id=3922)
12. Save the Children, UK, (2007). Legacy of disasters. The impact of climate change on children.
13. Save the Children, UK, (2008). In the Face of Disaster. Children and climate change.
14. UNICEF UK. (2008). Climate Change Report: Our climate, our children, our responsibility. The implications of climate change for the world's children.
15. UNICEF (2010). The State of the World's Children 2010. Special Edition. Celebrating 20 Years of the Convention on the Rights of the Child.
16. Waterston, T. (2006). Climate Change—The Greatest Crisis for Children? *Journal of Tropical Pediatrics* 52(6): 383-385.
17. Weissbecker, I., Sephton, S.E., Martin, M.B. & Simpson, D.M. (2008). Psychological and Physiological Correlates of Stress in Children Exposed to Disaster: Current Research and Recommendations for Interventions. *Children, Youth and Environments* 18(1): 30-70.

# Psychosocial Centre

 International Federation  
of Red Cross and Red Crescent Societies

The **IFRC Psychosocial Centre** was established in 1993 and is a delegated function of the International Federation of Red Cross and Red Crescent Societies, hosted by Danish Red Cross and situated in Copenhagen, Denmark. Its primary function as a "Centre of Excellence" is to develop strategically important knowledge and best practice which will inform future operations of the Federation and National Societies.

The centre was established to promote, guide and enhance psychosocial support initiatives carried out by Red Cross and Red Crescent National Societies globally. The International Federation Psychological Support Policy Paper, adopted May 2003, established the basis of Red Cross and Red Crescent intervention both in emergency response operations and in the implementation of long-term development programmes. Within this policy, the mandate of the Psychosocial Centre is to mainstream psychosocial support in all National Societies. As stated in the consultation on National Society centres and networks commissioned by the Governing Board of the International Federation in March 2007, the centre provides a potentially flexible and creative structure to develop and disseminate expertise.

<b>Research partners:</b>	<b>Hosted and supported by:</b>
	
	<b>And supported by:</b>
	
	
	
	
	

## The Psychosocial Centre of the International Federation of Red Cross Red Crescent Societies

c/o Danish Red Cross  
Blegdamsvej 27  
PO. BOX 2600  
2100 Østerbro  
Copenhagen  
DENMARK

Tel: +45 3525 9200  
E-mail: [psychosocial.centre@ifrc.org](mailto:psychosocial.centre@ifrc.org)  
Internet: <http://www.ifrc.org/psychosocial>



## The Seven Fundamental Principles

Proclaimed in Vienna in 1965, the seven Fundamental Principles bond together the National Red Cross and Red Crescent Societies, The International Committee of the Red Cross and the International Federation of the Red Cross and Red Crescent Societies. They guarantee the continuity of the Red Cross Red Crescent Movement and its humanitarian work.

### Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

### Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

### Neutrality

In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature. Read more about the principle of Neutrality.

### Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

### Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain. Read more about the principle of Voluntary service.

### Unity

There can be only one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

### Universality

The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is world-wide.